

P. 0150 US/  
03F42310-1PT

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CONFOCAL MICRO ENDOSCOPE COMPRISING OPTICAL FIBRES WITH  
A TAPERING DIAMETER**

the specification of which

(Title of the Invention)

☐ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  |         |                                     |                          | YES                      | NO                       |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(a) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
|                       |                          |  |

(Page 1 of 3)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)  
Approved for use through 9/30/00. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| PCT/DE2004/002035                            | 09/10/2004                      |                                      |

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number  →  Place Customer Number Bar Code Label here

OR

☐ Registered practitioner(s) name/registration number listed below

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
|      |                     |      |                     |

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number  OR ☐ Correspondence address below

|         |  |           |  |     |  |
|---------|--|-----------|--|-----|--|
| Name    |  |           |  |     |  |
| Address |  |           |  |     |  |
| Address |  |           |  |     |  |
| City    |  | State     |  | ZIP |  |
| Country |  | Telephone |  | Fax |  |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

|  |                   |   |  |           |            |
|--|-------------------|---|--|-----------|------------|
| Name of Sole or First Inventor:        |                   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |           |            |
| Given Name (first and middle (if any)) |                   | Family Name or Surname  |  |           |            |
| Ingo                                   |                   | KROHNE  |  |           |            |
| Inventor's Signature                   |                   |   |  | Date      |            |
| Residence: City                        | Aachen            | State   |  | Country   |            |
| Post Office Address                    | Kuckhoffstraße 25 |   |  |           |            |
| Post Office Address                    |                   |   |  |           |            |
| city Aachen                            |                   | State   |  | ZIP 52064 | Country DE |

☒ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

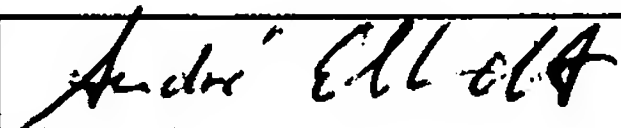
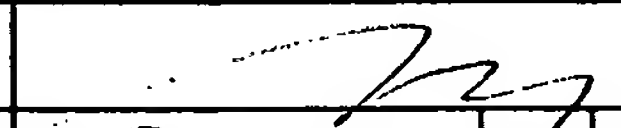
Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 3

|  |  |   |                        |         |       |             |    |
|--|--|---|------------------------|---------|-------|-------------|----|
| Name of Additional Joint Inventor, if any: |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |         |       |             |    |
| Given Name (first and middle (if any))     |  |   | Family Name or Surname |         |       |             |    |
| André                                      |  |   | EHRHARDT               |         |       |             |    |
| Inventor's Signature                       |    |   |                        |         |       | Date        |    |
| Residence: City                            | Tuttlingen   | State   |                        | Country |       | Citizenship | DE |
| Post Office Address                        | Kraftstraße 11   |   |                        |         |       |             |    |
| Post Office Address                        |  |   |                        |         |       |             |    |
| City                                       | Tuttlingen   | State   |                        | ZIP     | 78573 | Country     | DE |
| Name of Additional Joint Inventor, if any: |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |         |       |             |    |
| Given Name (first and middle (if any))     |  |   | Family Name or Surname |         |       |             |    |
| Klaus M.                                   |  |   | IRION                  |         |       |             |    |
| Inventor's Signature                       |  |   |                        |         |       | Date        |    |
| Residence: City                            | Liptingen  | State   |                        | Country |       | Citizenship | DE |
| Post Office Address                        | Heudorfer Straße 38  |   |                        |         |       |             |    |
| Post Office Address                        |  |   |                        |         |       |             |    |
| City                                       | Liptingen  | State   |                        | ZIP     | 78576 | Country     | DE |
| Name of Additional Joint Inventor, if any: |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |         |       |             |    |
| Given Name (first and middle (if any))     |  |   | Family Name or Surname |         |       |             |    |
| Herbert                                    |  |   | STEPP                  |         |       |             |    |
| Inventor's Signature                       |  |   |                        |         |       | Date        |    |
| Residence: City                            | Planegg  | State   |                        | Country |       | Citizenship | DE |
| Post Office Address                        | Richard-Wagner-Straße 63   |   |                        |         |       |             |    |
| Post Office Address                        |  |   |                        |         |       |             |    |
| City                                       | Planegg  | State   |                        | ZIP     | 82153 | Country     | DE |

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

1 6100 40/  
03 F42340 -IPT

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

First Named Inventor

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CONFOCAL MICRO ENDOSCOPE COMPRISING OPTICAL FIBRES WITH  
A TAPERING DIAMETER**

the specification of which

(Title of the Invention)

☐ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  |         |                                     |                          | YES                      | NO                       |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
|                       |                          |  |

(Page 1 of 3)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| PCT/DE2004/002035                            | 09/10/2004                      |                                      |

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
|      |                     |      |                     |

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ Correspondence address below

|         |  |           |  |     |  |
|---------|--|-----------|--|-----|--|
| Name    |  |           |  |     |  |
| Address |  |           |  |     |  |
| Address |  |           |  |     |  |
| City    |  | State     |  | ZIP |  |
| Country |  | Telephone |  | Fax |  |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

| Given Name (first and middle [if any]) | Family Name or Surname |
|--|------------------------|
| Ingo                                   | KROHNE                 |

|                      |                    |       |          |         |  |             |    |
|----------------------|--------------------|-------|----------|---------|--|-------------|----|
| Inventor's Signature | <i>Ingo Krohne</i> | Date  | 06/12/05 |         |  |             |    |
| Residence: City      | Aachen             | State |          | Country |  | Citizenship | DE |

|                     |                   |       |  |     |       |         |    |
|---------------------|-------------------|-------|--|-----|-------|---------|----|
| Post Office Address | Kuckhoffstraße 25 |       |  |     |       |         |    |
| Post Office Address |                   |       |  |     |       |         |    |
| city                | Aachen            | State |  | ZIP | 52064 | Country | DE |

☒ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 3

|  |                          |   |  |                        |       |             |          |
|--|--------------------------|---|--|------------------------|-------|-------------|----------|
| Name of Additional Joint Inventor, if any: |                          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |                        |       |             |          |
| Given Name (first and middle (if any))     |                          |   |  | Family Name or Surname |       |             |          |
| André                                      |                          |   |  | EHRHARDT               |       |             |          |
| Inventor's Signature                       |                          |   |  |                        |       | Date        |          |
| Residence: City                            | Wurmlingen               | State   |  | Country                |       | Citizenship | DE       |
| Post Office Address                        | Schlossstraße 1          |   |  |                        |       |             |          |
| Post Office Address                        |                          |   |  |                        |       |             |          |
| City                                       | Wurmlingen               | State   |  | ZIP                    | 78573 | Country     | DE       |
| Name of Additional Joint Inventor, if any: |                          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |                        |       |             |          |
| Given Name (first and middle (if any))     |                          |   |  | Family Name or Surname |       |             |          |
| Klaus M.                                   |                          |   |  | IRION                  |       |             |          |
| Inventor's Signature                       |                          |   |  |                        |       | Date        |          |
| Residence: City                            | Liptingen                | State   |  | Country                |       | Citizenship | DE       |
| Post Office Address                        | Heudorfer Straße 38      |   |  |                        |       |             |          |
| Post Office Address                        |                          |   |  |                        |       |             |          |
| City                                       | Liptingen                | State   |  | ZIP                    | 78576 | Country     | DE       |
| Name of Additional Joint Inventor, if any: |                          | <input type="checkbox"/> A petition has been filed for this unsigned inventor |  |                        |       |             |          |
| Given Name (first and middle (if any))     |                          |   |  | Family Name or Surname |       |             |          |
| Herbert                                    |                          |   |  | STEPP                  |       |             |          |
| Inventor's Signature                       | <i>H. Stepp</i>          |   |  |                        |       | Date        | 16/12/05 |
| Residence: City                            | Planegg                  | State   |  | Country                |       | Citizenship | DE       |
| Post Office Address                        | Richard-Wagner-Straße 63 |   |  |                        |       |             |          |
| Post Office Address                        |                          |   |  |                        |       |             |          |
| City                                       | Planegg                  | State   |  | ZIP                    | 82152 | Country     | DE       |

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.